Quarterly Totals

Demographic Reporting Form Positive Alternatives

Date: 4/1/15-6/30/15

Grantee Name: Women's Life Care Center

1. Client Age Range:

| Under 15 | 15-17 | 18-19 | 20-24 | 25-29 | 30-34 | 35+ | Unknown age |
|----------|-------|-------|-------|-------|-------|-----|----------------|
| | | 4 | 11 | 21 | 49 | 16 | 2 |

2. Client Pregnancy Status:

| 1st Trimester | 2nd Trimester | 3rd Trimester | Post- partum | Pregnancy Status Unknown |
|------------------|------------------|------------------|-----------------|--------------------------------|
| 14 | 16 | 6 | 61 | 6 |

3. Client Marital Status:

| Married | Not Married | Marital Status Unknown | |
|---------|----------------|------------------------------|--|
| 37 | 63 | 3 | |

4. Client Race:

| Race: White | Race: African Amer. | Race: African- African | Race: American Indian | Race: Asian Pacific | Race: Other/ Multi Race |
|----------------|---------------------------|------------------------------|-----------------------------|---------------------------|----------------------------|
| 11 | 36 | | 2 | 30 | 24 |

5. Client Ethnicity:

| Race: Unknown | Hispanic Ethnicity: Yes | Hispanic Ethnicity: No | |
|------------------|-------------------------------|------------------------------|--|
| | 23 | 80 | |